

Chance 15-4#1

# State Well Report

## Part 1

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: H-118  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jeff Davis  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 6-19-07

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Roundtree &amp; Associates</u>	Latitude: <u>31° 24' 14"</u> Longitude: <u>89° 54' 25"</u>
Mailing Address: <u>P.O. Box 22864</u> <u>Jackson MS</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ Sec <u>15</u> Twn <u>5N</u> Rng <u>19W</u>
Telephone No. ( ) _____	Distance <u>14</u> Miles Direction <u>S</u> of Nearest Town <u>Prentiss</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Rig supply Roundtree

Date well drilling started: 6-19-07 Date well drilling completed: 6-19-07

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 37 feet above or below (circle one) land surface Date measured: 6-19-07

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 90' Well depth: 80' Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .020 inches Setting depth: From 60 feet to 80 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

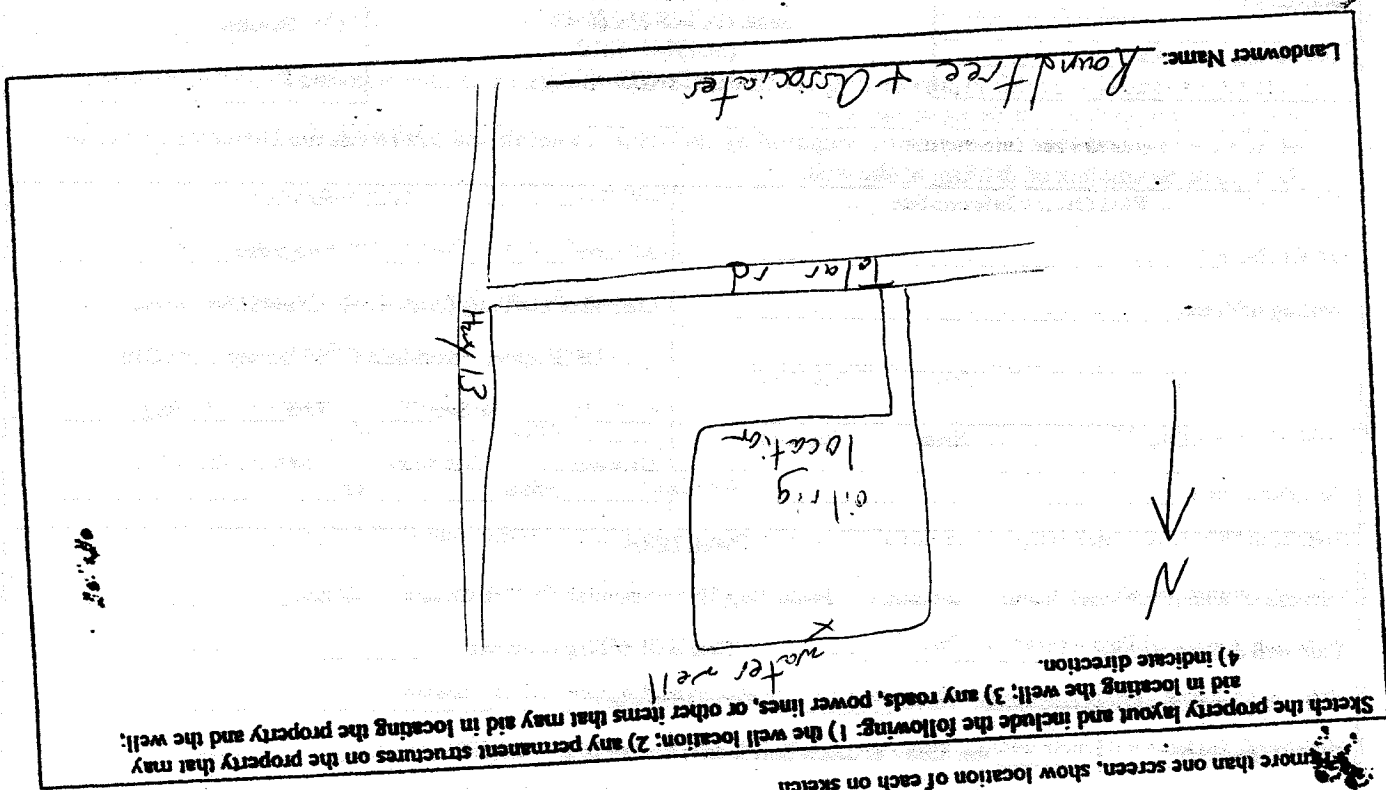
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

John W Thompson 0-679  
Print Name of Water Well Contractor and License No.

John W Thompson  
Signature of Water Well Contractor

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JUL 13 2007  
BY: OLWF

*John H. Thompson*  
 Signature of Water Well Contractor



Remove more than one screen, show location of each on sketch

Description of Formations Encountered		From	To
Clay & Gravel		0	20
sand & gravel		20	80
Clay		80	90

If well telescopes please sketch below and show depths.

Ground Level

H.

# STATE WELL REPORT

## Part 2

Pump Installer's Completion Report  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: H-118

Elevation: \_\_\_\_\_

County Jeff Davis  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date completed: 6-19-07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Roundtree &amp; Associates</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 22864</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Jackson MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>15</u> Twn <u>5N</u> Rng <u>19W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>14</u> Miles <u>S</u> of <u>Prentiss</u>

Pump Type Circle one	Power Type Circle one			
<input type="checkbox"/> Air Lift	<input type="checkbox"/> Diesel Engine	<input type="checkbox"/> Gasoline Engine	<input type="checkbox"/> Natural Gas	
<input type="checkbox"/> Bucket	<input checked="" type="checkbox"/> Submersible	<input checked="" type="checkbox"/> Electric Motor	<input type="checkbox"/> Hand	<input type="checkbox"/> Tractor PTO
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> Piston	<input type="checkbox"/> Turbine	<input type="checkbox"/> Windmill	Other (specify): _____
Other (specify): _____	<input type="checkbox"/> Rotary	<input type="checkbox"/> Flowing Well	Horze Power Rating of Motor: <u>5</u>	
Date Pump Installed: <u>6-19-07</u>			Setting Depth: <u>60</u> feet	
Rated Pump Capacity: <u>85</u> Gallons Per Minute			Number of Stages: _____	

Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested: <u>6-19-07</u>	<input type="checkbox"/> Air Line	<input checked="" type="checkbox"/> Electric Measuring Line	<input type="checkbox"/> Steel Tape
Static Water Level (A): <u>37</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>42</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of		
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>15</u> feet after <u>4</u> hours of pumping		
Duration of Pump Test (minimum 4 hours): <u>4</u> hours			

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John W Thompson 0-679  
Print Name of Pump Installer and License No. (if applicable)

John W Thompson  
Signature of Pump Installer

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JUL 13 2007  
BY: OLWF